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CLERK, US DISTRICT COURT
MINNEAPOLIS, MN

UNITED STATES DISTRICT COURT
DISTRICT OF MINNESOTA

SUSAN E. Pramuk Plaintiff(s),

vs.

Patients Bill of
Rights
Mayo Clinic

Case No. 13cv2467 PAM/JSG
(To be assigned by Clerk of District Court)

DEMAND FOR JURY TRIAL

YES ☐ NO ☐

Defendant(s).

(Enter the full name(s) of ALL defendants in
this lawsuit. Please attach additional sheets
if necessary).

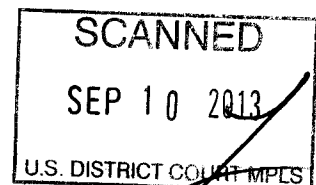
COMPLAINT

PARTIES

1. List your name, address and telephone number. Do the same for any additional plaintiffs.

a. Plaintiff

Name SUSAN E. Pramuk Private Detective, Private Investigator
medical personal 25yrs, social science
Street Address 801 Carla Dr Apt 1, Po Box 3595 Munster
46304, IND 46321
County, City Portor. Chesterton
State & Zip Code Indiana 46304
Telephone Number 219-9262855



2. List all defendants. You should state the full name of the defendant, even if that defendant is a government agency, an organization, a corporation, or an individual. Include the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption.

a. Defendant No. 1

Name Mayo Clinic
Street Address PO Box 4004, 200 First St SW
County, City Rochester
State & Zip Code Minnesota 55905

b. Defendant No. 2

Name Dr. Fredric Groves (Mayo Clinic)
Street Address PO Box 4004, 200 First St SW
County, City Rochester
State & Zip Code Minnesota 55905

c. Defendant No. 3 Dr William F. Young Jr

Name William F. Young Jr (Mayo Clinic)
Street Address PO Box 4004, 200 First St SW
County, City Rochester
State & Zip Code Minnesota 55905

NOTE: IF THERE ARE ADDITIONAL PLAINTIFFS OR DEFENDANTS, PLEASE PROVIDE THEIR NAMES AND ADDRESSES ON A SEPARATE SHEET OF PAPER.

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper to correspond to the appropriate numbered paragraph above (e.g. Additional Defendants 2.d., 2.e., etc.)

JURISDICTION

Federal courts are courts of limited jurisdiction. Generally, two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case involving the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one state sues a citizen of another state and the amount of damages is more than \$75,000 is a diversity of citizenship case.

3. What is the basis for federal court jurisdiction? (*check all that apply*)

☒ Federal Question

☐ Diversity of Citizenship

4. If the basis for jurisdiction is Federal Question, which Federal Constitutional, statutory or treaty right is at issue? List all that apply. *Civil Rights Act of 1964 (42 U.S.C. § 200 det. sec.)*
Medical bill of Rights
Section 504 Rehabilitation Act of 1973 (29 U.S.C. § 794).
Public Health Service Act (U.S.C. § 295m and 296)

5. If the basis for jurisdiction is Diversity of Citizenship, what is the state of citizenship of each party? Each Plaintiff must be diverse from each Defendant for diversity jurisdiction.

Plaintiff Name:

State of Citizenship:

Defendant No. 1:

State of Citizenship:

Defendant No. 2:

State of Citizenship:

Attach additional sheets of paper as necessary and label this information as paragraph

5.

Check here if additional sheets of paper are attached. ☐

6. What is the basis for venue in the District of Minnesota? (*check all that apply*)

☒ Defendant(s) reside in Minnesota ☐ Facts alleged below primarily occurred in Minnesota

☐ Other: explain

STATEMENT OF THE CLAIM

Describe in the space provided below the basic facts of your claim. The description of facts should include a specific explanation of how, where, and when each of the defendants named in the caption violated the law, and how you were harmed. Each paragraph must be numbered

separately, beginning with number 7. Please write each single set of circumstances in a separately numbered paragraph.

7. I needed an additional Specialist in the mfn. area, so, I went to the patients bill of rights that proclaimed that there would be no chastisement for following the protocol with that I wrote, to "Medical Board of Practice" about an additional Doctor, and also mentioned "please no alternative medicine which includes voodoo". After this letter was sent medical board of practice announced they only license, and I told them to drop the paper after seeing a docket number. Then I called 'Health and Human' services, Joint Commission for help with this situation, after exhausting all possibilities of Mayo Clinic's internal possibilities in obtaining an additional Doctor. (Feb ~~2010~~ 2010, March 2010, April 2010. Finally I was sent a letter from the Mayo Clinic (Dr Fredric Groves that astounded myself after being a 20 yr. patient I was rudely kicked out of the Clinic

Attach additional sheets of paper as necessary. Clinic

Check here if additional sheets of paper are attached: ☐

Please label the attached sheets of paper to as Additional Facts and continue to number the paragraphs consecutively.

REQUEST FOR RELIEF

State what you want the Court to do for you and the amount of monetary compensation, if any, you are seeking.

Signed this 6 day of September, 2013

Signature of Plaintiff 

Mailing Address 801 Carla Dr Apt 1
Chesterton IN 46304

Telephone Number 219 926-2855

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide his/her mailing address and telephone number. Attach additional sheets of paper as necessary.